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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 151800006		CITY OR TOWN	I YARMOU'	TH
APPLICATION FO	R RENEWAL:	Annual	LICE	NSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME:	OLIVER ORMO	N'S INC.			
DOING BUSINESS	A OLIVER'S EAT	ING & DRINKING I	EST.		
ADDRESS 6 BRAY	FARM RD.				
CITY/TOWN: YA	RMOUTH	STATE: MA	ZIP CODE:	02675	
MANAGER: ORN	MON, M. DALE TY	PE OF LICENSE: Re	estaurant C	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
	PLEASE ALSO VISIT OUR	WEBSITE AND ENTER YOUR I	EMAIL ADDRESS		_
DESCRIPTION OF	LICENSED PREM	ISES:			
		FACING BRAY FA BASEMENT, ATTIC			
I hereby certify and	swear under penaltie	es of perjury that:			
1. the renew	ved license will be o	f the same type for the	e same premises nov	w licensed;	
2. the licens	see has complied wit	h all laws of the Com	monwealth relating	to taxes; and	
3. the premi	ises are now open for	r business (If not exp	lain below)		
SIGNED BY:					
	Individual, Partne	er or Authorized Corp	orate Officer		
DATE.					
DATE:	TELEPHO	NE NUMBER:		ER IDENTIFICAT ndividual Social S	
			(11016. <u>1101</u> II	idividuai Sociai S	decurity (variiber)
		e in possession (1) tl			
		nspector and the hear I liability insurance			
Please Check Below:	•	v	LOCAL LICEN		
APPROVED:			By:	SING AUTHO	ORIT I
DISAPPROVED:			By.		
(If disapproved expl	ain)				
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBEI	R: 151800009		CITY OR TOWN	YARMOUTH
APPLICATION FO	R RENEWAL:	Annual CLASS	LICEN	SED FOR 2013 YEAR
	SKIPPY'S PIER I II A SKIPPY'S PIER I TUNE LANE			
CITY/TOWN: YA	RMOUTH	STATE: MA	ZIP CODE:	02664
	VANNI, TYP DRA DI	E OF LICENSE:Re	staurant CA	ATEGORY: All Alcohol
EMAIL ADDRESS:				
	PLEASE ALSO VISIT OUR WE		MAIL ADDRESS	
	LICENSED PREMIS			VIVOR A STOP A ST
	G. FIRST FLOOR;8 F I, REST ROOMS, SU			OUNGE, 2 STORAGE OM, NO CELLAR.
2. the licens	yed license will be of the has complied with uses are now open for landividual, Partner	all laws of the Com	monwealth relating to ain below)	
DATE:	TELEPHONI	E NUMBER:		R IDENTIFICATION NUMBER: lividual Social Security Number)
Acts of 2004, signe	d by the building ins	pector and the hea	d of the fire departı	ed by Chapter 304 of the ment for the above named r 116 of the Acts of 2010.
Please Check Below: APPROVED: DISAPPROVED: [(If disapproved expl.	ain)		LOCAL LICENS By:	SING AUTHORITY
DATE:				



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NU	MBER: 151800015		CITY OR TOWN	YARMOUTH
APPLICATIO	N FOR RENEWAL:	Annual	LICEN	ISED FOR 2013
		CLASS		YEAR
LICENSEE NA	AME: PERNA CON	NSULTANTS INC.		
DOING BUSI	NESS A COLONIAI	L HOUSE INN		
ADDRESS 27	7 MAIN ST.			
CITY/TOWN:	YARMOUTH	STATE: MA	ZIP CODE:	02675
MANAGER:	PERNA, MALCOLM J.	TYPE OF LICENSE:	nnholder C.	ATEGORY: All Alcohol
EMAIL ADDI	RESS:			
		OUR WEBSITE AND ENTER YOU	R EMAIL ADDRESS	
	N OF LICENSED PR		6 D 0 0 10 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	T OOD OW
	FITHREE FLOORS: RD FLOOR. CELLAI	6 ROOMS 1ST FLOOR R FOR STORAGE.	, 6 ROOMS SECONL) FLOOR, SIX
I hereby certify	y and swear under per	nalties of perjury that:		
1. the	renewed license will	be of the same type for t	he same premises now	licensed;
2. the	licensee has complied	d with all laws of the Co	mmonwealth relating t	to taxes; and
3. the	premises are now ope	en for business (If not ex	plain below)	
SIGNED BY:			0.07	
	Individual, P	artner or Authorized Co.	rporate Officer	
DATE:			EMBLOVEI	D IDENTIFICATION NUMBER.
DITTE.	TELEF	PHONE NUMBER:		R IDENTIFICATION NUMBER: dividual Social Security Number)
				red by Chapter 304 of the ment for the above named
				er 116 of the Acts of 2010.
Please Check Belo	<u>ow:</u>		LOCAL LICENS	SING AUTHORITY
APPROVED:			By:	
DISAPPROVI				
(If disapproved	ı expiain)			
DATE:				
APPLICATION FOR	R RENEWAL MUST BE FILE	ED BY LICENSEES DURING THI	E MONTH OF NOVEMBER (N	И.G.L. Ch. 138 \$ 16A)



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER:	151800017		CITY OR TOWN	TARMOUTH	
APPLICATION FOR I	RENEWAL:	Annual	LICEN	ISED FOR 2013	
		CLASS		YEAR	
LICENSEE NAME:	KOUNADIS ENTE	RPRISES INC.			
DOING BUSINESS A	YARMOUTH HO	USE			
ADDRESS 335 ROUT	E 28				
CITY/TOWN: YARN	1OUTH	STATE: MA	ZIP CODE:	02673	
MANAGER: PINAU	LT, RENE J. TYPI	E OF LICENSE: Re	staurant C	ATEGORY: All Alcoho	ol
EMAIL ADDRESS:					
PL	EASE ALSO VISIT OUR WEE	SSITE AND ENTER YOUR E	MAIL ADDRESS		
DESCRIPTION OF LI	CENSED PREMISI	ES:			
BLDG IS 500 SQ FT,	DINING ROOM, B	AR, LOUNGE. FRO	ONT ENTRANCE/	EXIT, REAR EXIT.	
I hereby certify and sw	ear under penalties o	of perjury that:			
1. the renewed	l license will be of th	ne same type for the	same premises nov	v licensed;	
2. the licensee	has complied with a	all laws of the Com	nonwealth relating	to taxes; and	
3. the premise	s are now open for b	ousiness (If not expl	ain below)		
SIGNED BY:					
	Individual, Partner o	or Authorized Corp	orate Officer		
DATE.					
DATE:	TELEPHONE	E NUMBER:		R IDENTIFICATION NUMBER	
			(Note. NOT III	dividual Social Security Numbe	г)
We the undersigned.	attest that we are i	n possession (1) th	e certificate requii	red by Chapter 304 of th	e
Acts of 2004, signed l	y the building insp	ector and the head	d of the fire depart	ment for the above nam	ed
license and (2) the cer	rtificate of liquor li	ability insurance r	equired by Chapto	er 116 of the Acts of 2010	0.
Please Check Below:			LOCAL LICEN	SING AUTHORITY	
APPROVED:			By:		
DISAPPROVED:					
(If disapproved explain	1)				
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	: 151800020		CITY OR TOWN TAR	MOUTH
APPLICATION FOR	R RENEWAL:	Annual	LICENSED F	OR 2013
		CLASS		YEAR
LICENSEE NAME:	CAPTAIN PAI	RKER'S PUB INC.		
DOING BUSINESS	A			
ADDRESS 672 MAI	N ST.			
CITY/TOWN: YAR	RMOUTH	STATE: MA	ZIP CODE: 0267	73
	INING, ALD M.	TYPE OF LICENSE:R	estaurant CATEGO	ORY: All Alcohol
EMAIL ADDRESS:				
	PLEASE ALSO VISIT OU	UR WEBSITE AND ENTER YOUR	EMAIL ADDRESS	
DESCRIPTION OF I	LICENSED PRE	MISES:		
			OUNGE, KITCHEN AND F GE AND REST ROOM.	RESTROOMS.
I hereby certify and s	wear under penal	lties of perjury that:		
1. the renew	ed license will be	e of the same type for the	ne same premises now license	ed;
2. the license	ee has complied	with all laws of the Cor	nmonwealth relating to taxes	; and
3. the premis	ses are now open	for business (If not exp	plain below)	
SIGNED BY:				
	Individual, Par	tner or Authorized Cor	porate Officer	
DATE:	TELEPH	IONE NUMBER:	EMPLOYER IDENT	ΓΙΓΙCATION NUMBER:
		101121101112211	(Note: NOT Individual S	Social Security Number)
Acts of 2004, signed	l by the building	g inspector and the he	the certificate required by Cad of the fire department for required by Chapter 116 o	or the above named
Please Check Below:			LOCAL LICENSING A	AUTHORITY
APPROVED:			By:	
DISAPPROVED:	:			
(If disapproved expla	un)			
DATE:			<u>-</u>	
APPLICATION FOR RENEW	VAL MUST BE FILED	BY LICENSEES DURING THE	MONTH OF NOVEMBER (M.G.L. Ch.	. 138 \$ 16A)
			CI III CI III CIII CIII CIII	· Ψ • •••



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	K: 151800023		CITY OR TOWN TA	KWOUTH
APPLICATION FO	R RENEWAL:	Annual	LICENSED	FOR 2013
		CLASS		YEAR
LICENSEE NAME:	FINE ASIAN O	CUISINE, INC		
DOING BUSINESS	A CHINA INN			
ADDRESS 981 RO	UTE 28			
CITY/TOWN: YA	RMOUTH	STATE: MA	ZIP CODE: 02	664
MANAGER: YAN	NG, HENRY	TYPE OF LICENSE: Res	taurant CATEO	GORY: All Alcohol
EMAIL ADDRESS:	:			
	PLEASE ALSO VISIT OU	UR WEBSITE AND ENTER YOUR EM	IAIL ADDRESS	
DESCRIPTION OF	LICENSED PRE	MISES:		
		STREET LEVEL; DININ FOUR ENTRANCES/ E)M, KITCHEN
I hereby certify and	swear under pena	lties of perjury that:		
1. the renev	ved license will be	e of the same type for the	same premises now licen	sed;
2. the licens	see has complied	with all laws of the Comn	nonwealth relating to taxe	es; and
3. the prem	ises are now open	for business (If not expla	nin below)	
SIGNED BY:			0.00	
	Individual, Par	tner or Authorized Corpo	rate Officer	
D.A. III.				
DATE:	TELEPH	IONE NUMBER:		NTIFICATION NUMBER:
			(Note. NOT Individua	l Social Security Number)
		are in possession (1) the		
		g inspector and the head uor liability insurance r		
ncense and (2) the	certificate of fiqu	ior nability insurance i	equired by Chapter 110	of the Acts of 2010.
Please Check Below: APPROVED:			LOCAL LICENSING	AUTHORITY
DISAPPROVED:			By:	
(If disapproved expl	ain)			
, II	,			
DATE:				



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NU	MBER: 151800026		CITY OR TOWN TARMOUTH
APPLICATIO	N FOR RENEWAL:	Annual	LICENSED FOR 2013
		CLASS	YEAR
LICENSEE N.	AME: ANTHONY'S C	UMMAQUID INN INC	
DOING BUSI	NESS A		
ADDRESS 2 1	MAIN ST. RTE. 6A		
CITY/TOWN:	: YARMOUTH	STATE: MA	ZIP CODE: 02675
MANAGER:	ATHANAS, T ANTHONY JR.	YPE OF LICENSE: Innh	nolder CATEGORY: All Alcohol
EMAIL ADDI	RESS:		
	PLEASE ALSO VISIT OUR	R WEBSITE AND ENTER YOUR EM	IAIL ADDRESS
DESCRIPTIO	N OF LICENSED PREM	MISES:	
OUTSIDE DE		OOM. CELLAR-2 STO	ECOND FLOOR: 8 ROOMS & RAGE ROOMS. LOWER LOUNGE NDRY ROOM.
I hereby certify	y and swear under penalt	ies of perjury that:	
1. the	renewed license will be	of the same type for the	same premises now licensed;
2. the	licensee has complied w	ith all laws of the Comm	nonwealth relating to taxes; and
3. the	premises are now open f	or business (If not expla	in below)
SIGNED BY:		ner or Authorized Corpor	rate Officer
DATE:	TELEPHO	ONE NUMBER:	EMPLOYER IDENTIFICATION NUMBER:
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(Note: NOT Individual Social Security Number)
Acts of 2004,	signed by the building	inspector and the head	e certificate required by Chapter 304 of the of the fire department for the above named equired by Chapter 116 of the Acts of 2010.
Please Check Bel	ow:		LOCAL LICENSING AUTHORITY
APPROVED:			By:
DISAPPROVI	 -		
(If disapproved	u expiain)		
DATE:			



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBEI	R: 151800030		CITY OI	R TOWN	YARMOU'	ГН
APPLICATION FO	R RENEWAL:	Annual CLASS		LICEN	SED FOR 20)13 YEAR
	GIARDINO'S TAS A GIARDINO'S FA UTE 28					
CITY/TOWN: YA	RMOUTH	STATE: N	IA ZIP (CODE:	02673	
	RDINO, TYP VARD A. JR.	PE OF LICENSE	:Restaurant	CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:						
	PLEASE ALSO VISIT OUR WI		UR EMAIL ADDRES	S		
	LICENSED PREMIS NT ROOM, KITCHE RAGE.		INING ROOM	л, TWO R	EST ROOM	S,
2. the licens	yed license will be of see has complied with ses are now open for Individual, Partner	all laws of the C business (If not e	ommonwealth explain below)	relating to		
DATE:	TELEPHON	E NUMBER:				TON NUMBER: ecurity Number)
Acts of 2004, signe	d, attest that we are d by the building ins certificate of liquor	spector and the	head of the fi	re departı	nent for the	above named
Please Check Below: APPROVED: DISAPPROVED: [(If disapproved explains)	ain)		LOCAI By:	L LICENS	ING AUTHO	ORITY
DATE:						



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	X : 151800037		CITY OR TOWN TARMO	UIH
APPLICATION FOI	R RENEWAL:	Annual	LICENSED FOR	2013
		CLASS		YEAR
LICENSEE NAME:	M.A.A.M. INC.			
DOING BUSINESS	A LONGFELLOW'S	S PUB		
ADDRESS 00001A	OLD TWN.HSE.PLA	AZA		
CITY/TOWN: YAI	RMOUTH	STATE: MA	ZIP CODE: 02664	
MANAGER: MC INER	TYP RNEY,JANET L.	PE OF LICENSE: Resi	taurant CATEGORY	: All Alcohol
EMAIL ADDRESS:				
	PLEASE ALSO VISIT OUR WE	EBSITE AND ENTER YOUR EM	AIL ADDRESS	
	LICENSED PREMIS			
			AND REST ROOMS.	
•	swear under penalties			
		* *	same premises now licensed;	_
	•		nonwealth relating to taxes; and	d
3. the premi	ses are now open for	business (If not expla	in below)	
SIGNED BY:	Individual, Partner	or Authorized Corpo	rate Officer	
DATE:	TELEDIJON	E NIIMDED.	EMPLOYER IDENTIFIC	ATION NUMBER
	IELEPHON	E NUMBER:	(Note: NOT Individual Socia	
Acts of 2004, signed	d by the building ins	pector and the head	certificate required by Cha of the fire department for the equired by Chapter 116 of th	he above named
Please Check Below:			LOCAL LICENSING AUT	HORITY
APPROVED:			By:	
DISAPPROVED: (If disapproved explain	ain)			
(II disappioved expir	aiii <i>)</i>			
DATE:				



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ON PREMISES LICENSE RENEWAL APPLICATION

	CITY OR TOWN YARMOUTI	H
APPLICATION FOR RENEWAL: Ann	LICENSED FOR 201	3
CLA	SS Y	YEAR
LICENSEE NAME: RED FACE JACK'S INC.		
DOING BUSINESS A RED FACE JACK'S		
ADDRESS 585 RTE 28		
CITY/TOWN: YARMOUTH STATE:	MA ZIP CODE: 02673	
MANAGER: GOTT, ROBERT TYPE OF LICEN	SE:General on CATEGORY: A premise	All Alcohol
EMAIL ADDRESS:		
PLEASE ALSO VISIT OUR WEBSITE AND ENTE DESCRIPTION OF LICENSED PREMISES:	R YOUR EMAIL ADDRESS	
ONE LOUNGE, 2 DINING ROOMS, KITCHEN IN R	EAR, AND STORAGE IN BASEMENT.	
I hereby certify and swear under penalties of perjury th	nt:	
1. the renewed license will be of the same type	for the same premises now licensed;	
2. the licensee has complied with all laws of th	e Commonwealth relating to taxes; and	
3. the premises are now open for business (If r	ot explain below)	
SIGNED BY:		
SIGNED BY: Individual, Partner or Authorize	d Corporate Officer	
	d Corporate Officer	
	d Corporate Officer	
	d Corporate Officer EMPLOYER IDENTIFICATION	ON NUMBER:
Individual, Partner or Authorize		
Individual, Partner or Authorize DATE: TELEPHONE NUMBER	EMPLOYER IDENTIFICATION (Note: NOTE) Individual Social Sec	eurity Number)
DATE: TELEPHONE NUMBER We the undersigned, attest that we are in possession Acts of 2004, signed by the building inspector and t	EMPLOYER IDENTIFICATIO (Note: <u>NOT</u> Individual Social Sec a (1) the certificate required by Chapter the head of the fire department for the al	· 304 of the bove named
Individual, Partner or Authorize DATE: TELEPHONE NUMBER We the undersigned, attest that we are in possession	EMPLOYER IDENTIFICATIO (Note: <u>NOT</u> Individual Social Sec a (1) the certificate required by Chapter the head of the fire department for the al	· 304 of the bove named
DATE: TELEPHONE NUMBER We the undersigned, attest that we are in possession Acts of 2004, signed by the building inspector and t license and (2) the certificate of liquor liability insue the Please Check Below:	EMPLOYER IDENTIFICATIO (Note: <u>NOT</u> Individual Social Sec a (1) the certificate required by Chapter the head of the fire department for the al	304 of the bove named cts of 2010.
Individual, Partner or Authorize DATE: TELEPHONE NUMBER We the undersigned, attest that we are in possession Acts of 2004, signed by the building inspector and the license and (2) the certificate of liquor liability insues the property of the property of the property of the partners	EMPLOYER IDENTIFICATION (Note: <u>NOT</u> Individual Social Second (1) the certificate required by Chapter the head of the fire department for the algrance required by Chapter 116 of the Action (1) the second (1) the seco	304 of the bove named cts of 2010.
Individual, Partner or Authorize DATE: TELEPHONE NUMBER We the undersigned, attest that we are in possession Acts of 2004, signed by the building inspector and tlicense and (2) the certificate of liquor liability insu Please Check Below: APPROVED: DISAPPROVED:	EMPLOYER IDENTIFICATION (Note: NOT Individual Social Section (1) the certificate required by Chapter the head of the fire department for the algorithm and the section of the Advance required by Chapter 116 of the Advance LOCAL LICENSING AUTHOR	304 of the bove named cts of 2010.
Individual, Partner or Authorize DATE: TELEPHONE NUMBER We the undersigned, attest that we are in possession Acts of 2004, signed by the building inspector and the license and (2) the certificate of liquor liability insues the property of the property of the property of the partners	EMPLOYER IDENTIFICATION (Note: NOT Individual Social Section (1) the certificate required by Chapter the head of the fire department for the algorithm and the section of the Advance required by Chapter 116 of the Advance LOCAL LICENSING AUTHOR	304 of the bove named cts of 2010.
Individual, Partner or Authorize DATE: TELEPHONE NUMBER We the undersigned, attest that we are in possession Acts of 2004, signed by the building inspector and tlicense and (2) the certificate of liquor liability insu Please Check Below: APPROVED: DISAPPROVED:	EMPLOYER IDENTIFICATION (Note: NOT Individual Social Section (1) the certificate required by Chapter the head of the fire department for the algorithm and the section of the Advance required by Chapter 116 of the Advance LOCAL LICENSING AUTHOR	304 of the bove named cts of 2010.



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER:	151800044		C.	ITY OR TOW	N I ARMOU	IП
APPLICATION FOR	RENEWAL:	Annu	al	LICI	ENSED FOR 20)13
		CLAS	SS			YEAR
LICENSEE NAME: DOING BUSINESS A ADDRESS 769 ROU	A YARMOUTH L		OYAL OR	DER OF MO	OSE INC	
CITY/TOWN: YAR		STATE:	MA	ZIP CODE:	02664	
	IDIAN,HUGH TY	PE OF LICEN	SE:Club		CATEGORY:	All Alcohol
EMAIL ADDRESS:	LEASE ALSO VISIT OUR V			ADDRESS]
DESCRIPTION OF L MEETING ROOMS, ENTRANCES/EXITS	LOUNGE/BAR, K		RAGE R	OOMS, OFFI	CE, REST ROO	MS. SIX
2. the license	wear under penaltied license will be of the has complied with the are now open for	f the same type h all laws of the	for the sar Commor	wealth relatin		
SIGNED BY:	Individual, Partne	r or Authorized	l Corporat	e Officer		
DATE:	TELEPHON	NE NUMBER:			YER IDENTIFICAT	
We the undersigned Acts of 2004, signed license and (2) the co	by the building in	spector and th	e head of	the fire depa	rtment for the	above named
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain	n)			LOCAL LICE By:	NSING AUTHO	ORITY
DATE:						



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBEI	R: 151800046		CITY OR TOWN	YARMOUT	ГН
APPLICATION FO	R RENEWAL:	Annual CLASS	LICEN	SED FOR 20	013 YEAR
DOING BUSINESS ADDRESS 1105 RT		OS INC.			T L7 IIX
CITY/TOWN: YA		STATE: MA	ZIP CODE:	02664	
MANAGER: WAI PAT	CSH, TYP RICIA D'OL.	E OF LICENSE:Re	staurant CA	ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:					
DEGCDIDATON OF	PLEASE ALSO VISIT OUR WE		MAIL ADDRESS		
	LICENSED PREMIS NING ONE STORAC EPARATION.		ROOMS, ONE ROO	M INCLUDI	NG
	see has complied with sees are now open for Individual, Partner		ain below)		
DATE:	TELEPHON	E NUMBER:	EMPLOYER (Note: <u>NOT</u> Ind		TION NUMBER:
Acts of 2004, signe	d, attest that we are d by the building ins certificate of liquor l	pector and the hea	d of the fire departı	nent for the	above named
Please Check Below: APPROVED: DISAPPROVED: [(If disapproved expl.)	ain)		LOCAL LICENS By:	ING AUTHO	ORITY
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 151800047	CIT	Y OR TOWN	YARMOUT	ГН
APPLICATION FOR RENEWAL:	Annual	LICEN	SED FOR 20	13
	CLASS			YEAR
LICENSEE NAME: HEARTH'N KETTLE OF	YARMOUTH IN	C.		
DOING BUSINESS A HEARTHN' KETTLE F.	AMILY RESTAU	RANT		
ADDRESS 1196 RTE 28				
CITY/TOWN: YARMOUTH ST	ATE: MA	ZIP CODE:	02664	
MANAGER: CATANIA, FRANK TYPE OF I J.	LICENSE: Restaura	ant CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:				
PLEASE ALSO VISIT OUR WEBSITE AN	ND ENTER YOUR EMAIL A	DDRESS		•
DESCRIPTION OF LICENSED PREMISES:				
ONE FLOOR CONTAINING TWO DINING ROLLOUNGE, KITCHEN, REST ROOMS. CELLA. PREP AREA.				
I hereby certify and swear under penalties of perj	ury that:			
1. the renewed license will be of the same		_		
2. the licensee has complied with all law		C	taxes; and	
3. the premises are now open for busines	ss (If not explain be	elow)		
SIGNED BY: Individual, Partner or Aut	horized Corporate	Officer		
marvidual, ratulet of Aut	nonzed Corporate	Officer		
DATE: TELEPHONE NUM	ИBER:	EMPLOYER (Note: <u>NOT</u> Ind	LIDENTIFICAT	
We the undersigned, attest that we are in post Acts of 2004, signed by the building inspector license and (2) the certificate of liquor liability	and the head of t	he fire departr	nent for the	above named
Please Check Below:	Lo	OCAL LICENS	ING AUTHO	ORITY
APPROVED:	B	y:		
DISAPPROVED: (If disapproved explain)	_			
(п аваррготов охрини)	<u></u>			
	_			



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 151800048		CITY OR TOWN	YARMOUT	ГН
APPLICATION FOR RENEWAL:	Annual	LICEN	SED FOR 20	013
	CLASS			YEAR
LICENSEE NAME: RIVER WAY LO	DBSTER HOUSE			
DOING BUSINESS A				
ADDRESS 1338 RTE 28				
CITY/TOWN: YARMOUTH	STATE: MA	ZIP CODE:	02664	
MANAGER: SISCOE, JASON T	YPE OF LICENSE: Res	taurant CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:				
DESCRIPTION OF LICENSED PREM TWO STORY; FIRST FLOOR COCKT IN ONE. SECOND FLOOR STORAGE I hereby certify and swear under penalti 1. the renewed license will be of the licensee has complied with the premises are now open for SIGNED BY: Individual, Partn	FAIL LOUNGE, BAR, AE AND STOCK ROOM es of perjury that: of the same type for the state all laws of the Communications.	same premises now nonwealth relating to in below)	licensed; taxes; and	ION NUMBER:
We the undersigned, attest that we as Acts of 2004, signed by the building i license and (2) the certificate of liquo	inspector and the head	certificate require	ed by Chapte nent for the	er 304 of the above named
Please Check Below:	2 monity insurance it	LOCAL LICENS		
APPROVED:		By:	INU AUTHU	JKII I
DISAPPROVED:		,		
(If disapproved explain)				
DATE:				



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBEI	R: 151800052		CITY OR TOWN	YARMOUTH
APPLICATION FO	R RENEWAL:	Annual CLASS	LICEN	SED FOR 2013 YEAR
	LAUREL H. CURI A KEVINS SEAFO 3. 28			
CITY/TOWN: YA	RMOUTH	STATE: MA	ZIP CODE:	02664
MANAGER: CUR H.	RAN, LAUREL TYP	PE OF LICENSE:Re	staurant CA	ATEGORY: All Alcohol
EMAIL ADDRESS:				
DEGCDIDATON OF	PLEASE ALSO VISIT OUR W		MAIL ADDRESS	
			ΓE 28 DINING ROC	DM, LOUNGE 18X45.
2. the licens	yed license will be of see has complied with ses are now open for Individual, Partner	all laws of the Com	monwealth relating to ain below)	
DATE:	TELEPHON	E NUMBER:		R IDENTIFICATION NUMBER: ividual Social Security Number)
Acts of 2004, signe	d by the building ins	spector and the hea	d of the fire departr	ed by Chapter 304 of the ment for the above named r 116 of the Acts of 2010.
Please Check Below: APPROVED: DISAPPROVED: [(If disapproved expl.)	ain)		LOCAL LICENS By:	ING AUTHORITY
DATE:				



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER:	: 151800058		CIT	TY OR TOWN	YARMOU'	TH
APPLICATION FOR	RENEWAL:	Annu	al	LICE	NSED FOR 20	013
		CLAS	SS			YEAR
LICENSEE NAME:	BLUE WATER LI	MITED PART	'NERSHIP			
DOING BUSINESS A	A BLUE WATER F	RESORT MOT	EL			
ADDRESS 291 SO. S	SHORE DRIVE					
CITY/TOWN: YAR	MOUTH	STATE:	MA	ZIP CODE:	02664	
MANAGER: VERI	TY, JOHN TYI	PE OF LICENS	SE:Innhold	er C	CATEGORY:	All Alcohol
EMAIL ADDRESS:						
P	LEASE ALSO VISIT OUR W	EBSITE AND ENTER	YOUR EMAIL A	ADDRESS		_
DESCRIPTION OF L						
84 ROOMS, DINING						
POOL, 2 SAUNA AR TWO CELLARS FOR		E KOOMS, IN	DOOK PC	OL, LODD I,	DEAUII SH	OP,
I hereby certify and sv	wear under penalties	of perjury tha	t:			
1. the renewe	ed license will be of	the same type	for the sam	e premises nov	w licensed;	
2. the license	e has complied with	all laws of the	Commonv	vealth relating	to taxes; and	
3. the premise	es are now open for	business (If no	ot explain b	elow)		
SIGNED BY:	Latitat Demonstra	A 41 1	C	Off		
	Individual, Partner	or Authorized	Corporate	Officer		
DATE:				EN COLOUR		
DATE:	TELEPHON	E NUMBER:			ER IDENTIFICAT adividual Social S	
				(1101c. <u>1101</u>]]	idividuai Sociai S	ecurity Number)
We the undersigned						
Acts of 2004, signed license and (2) the co	•	_		_		
Please Check Below:			L	OCAL LICEN	SING AUTH	ORITY
APPROVED:			В	y:		
DISAPPROVED:						
(If disapproved explai	11)		_			
			_			
DATE:			_			
··			=			



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 151800065	CITTORIC	OWN YARMOUTH
APPLICATION FOR RENEWAL:	Annual L	ICENSED FOR 2013
	CLASS	YEAR
LICENSEE NAME: MID-CAPE RACQUET CL	UB INCORPORATED	
DOING BUSINESS A MID-CAPE RACQUET C	LUB	
ADDRESS 193 WHITE'S PATH		
CITY/TOWN: YARMOUTH STA	TE: MA ZIP COD	DE: 02664
MANAGER: MAJEWSKI, TYPE OF LI ROBERT, E.	CENSE: Restaurant	CATEGORY: All Alcohol
EMAIL ADDRESS:		
PLEASE ALSO VISIT OUR WEBSITE AND	ENTER YOUR EMAIL ADDRESS	
DESCRIPTION OF LICENSED PREMISES:		
TWO FLOORS. TENNIS, RACQUETBALL, HE. NURSERY, LOBBY, REST ROOMS, AND LOC BAR, WEIGHT ROOM.		
I hereby certify and swear under penalties of perjui	ry that:	
1. the renewed license will be of the same	type for the same premises	s now licensed;
2. the licensee has complied with all laws	of the Commonwealth rela	ting to taxes; and
3. the premises are now open for business	(If not explain below)	
SIGNED BY: Individual, Partner or Author	orized Corporate Officer	
	orized Corporate Officer	
	orized Corporate Officer	
		LOYER IDENTIFICATION NUMBER:
Individual, Partner or Author	BER: EMPI	LOYER IDENTIFICATION NUMBER: OT Individual Social Security Number)
Individual, Partner or Author	BER: EMPI (Note: <u>Note: Note: </u>	OT Individual Social Security Number) equired by Chapter 304 of the epartment for the above named
Individual, Partner or Author DATE: TELEPHONE NUMI We the undersigned, attest that we are in posses Acts of 2004, signed by the building inspector a license and (2) the certificate of liquor liability Please Check Below:	BER: EMPI (Note: <u>Note: Note: </u>	OT Individual Social Security Number) equired by Chapter 304 of the epartment for the above named
Individual, Partner or Author DATE: TELEPHONE NUMB We the undersigned, attest that we are in posses Acts of 2004, signed by the building inspector a license and (2) the certificate of liquor liability Please Check Below: APPROVED:	BER: EMPI (Note: <u>Note: Note: </u>	OT Individual Social Security Number) equired by Chapter 304 of the epartment for the above named hapter 116 of the Acts of 2010.
Individual, Partner or Author DATE: TELEPHONE NUMI We the undersigned, attest that we are in posses Acts of 2004, signed by the building inspector a license and (2) the certificate of liquor liability Please Check Below: APPROVED: DISAPPROVED:	BER: EMPI (Note: Note: N	OT Individual Social Security Number) equired by Chapter 304 of the epartment for the above named hapter 116 of the Acts of 2010.
Individual, Partner or Author DATE: TELEPHONE NUMB We the undersigned, attest that we are in posses Acts of 2004, signed by the building inspector a license and (2) the certificate of liquor liability Please Check Below: APPROVED:	BER: EMPI (Note: Note: N	OT Individual Social Security Number) equired by Chapter 304 of the epartment for the above named hapter 116 of the Acts of 2010.
Individual, Partner or Author DATE: TELEPHONE NUMI We the undersigned, attest that we are in posses Acts of 2004, signed by the building inspector a license and (2) the certificate of liquor liability Please Check Below: APPROVED: DISAPPROVED:	BER: EMPI (Note: Note: N	OT Individual Social Security Number) equired by Chapter 304 of the epartment for the above named hapter 116 of the Acts of 2010.



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER	: 151800067		CITY OR TOWN	TARMOU	IП
APPLICATION FOR	RENEWAL:	Annual	LICEN	NSED FOR 20	013
		CLASS			YEAR
	TWILIGHT SPIRITS,II A BECKER'S PACKAG				
ADDRESS 55 ROUT	TE 28				
CITY/TOWN: YAR	MOUTH	STATE: MA	ZIP CODE:	02673	
	NSON, TYPE O	F LICENSE:Pac	kage Store C	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
I	PLEASE ALSO VISIT OUR WEBSITE	AND ENTER YOUR EN	MAIL ADDRESS		_
	LICENSED PREMISES:				
SINGLE STORY WO ROUTE 28	OOD FRAME BUILDIN	G WITH 2300 S	QFT FRONT EN	FRANCE/EX	IT ON
	ee has complied with all lates are now open for busing	ness (If not expla	nin below)	to taxes, and	
DATE:	TELEPHONE NI	JMBER:			ΓΙΟΝ NUMBER: Security Number)
Please Check Below: APPROVED: DISAPPROVED: (If disapproved expla	in)		LOCAL LICEN By:	SING AUTH	ORITY
DATE:					



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER:	151800069		CITY OR TOWN TARMIC	JUIH
APPLICATION FOR	RENEWAL:	Annual	LICENSED FOR	2013
		CLASS		YEAR
EMAIL ADDRESS: PI DESCRIPTION OF L	TE 28 MOUTH ES, CRAIG LEASE ALSO VISIT OF THE PRESENCE OF T	STATE: MA TYPE OF LICENSE:Pa OUR WEBSITE AND ENTER YOUR E EMISES:	EMAIL ADDRESS	Y: All Alcohol
ONE FLOOR, NO CE	LLAR, BACK	ROOM FOR STORAGE	E AND DELIVERIES.	
	s are now open	with all laws of the Common for business (If not exploration or Authorized Corporation)		d
DATE:	TELEPI	HONE NUMBER:	EMPLOYER IDENTIFIC (Note: NOT Individual Socia	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain] n)		LOCAL LICENSING AUT By:	THORITY
DATE:				



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 1518	300070		CITY OR T	TOWN	YARMOU'	TH
APPLICATION FOR REN		LICENSED FOR 2013				
		CLASS				YEAR
LICENSEE NAME: BLU DOING BUSINESS A YA ADDRESS 330 MAIN STI	RMOUTHPORT V					
CITY/TOWN: YARMOU	TH S	TATE: M	A ZIP CO	DE:	02675	
MANAGER: ZUSKAUS VIKTOR J		LICENSE:	Package Store	C	ATEGORY:	All Alcohol
EMAIL ADDRESS:						
PLEASE	ALSO VISIT OUR WEBSITE	AND ENTER YOU	R EMAIL ADDRESS			_
DESCRIPTION OF LICEN	ISED PREMISES:					
RETAIL SALES STORE V	VITH STORAGE R	OOM, AND	CELLAR FOR	STOR	AGE.	
I hereby certify and swear u	ınder penalties of pe	rjury that:				
1. the renewed lice	ense will be of the sa	me type for	the same premis	ses now	licensed;	
2. the licensee has	complied with all la	ws of the Co	mmonwealth re	lating to	taxes; and	
	now open for busin					
		,				
SIGNED BY:	vidual, Partner or Au	uthorized Co	rporate Officer			
DATE:			EM	IDI OVET		FION NUMBER.
DATE.	TELEPHONE NU	MBER:				TION NUMBER: ecurity Number)
Please Check Below:			LOCAL I	LICENS	ING AUTHO	ORITY
APPROVED:			By:			
DISAPPROVED:						
(If disapproved explain)						
DATE:						



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 151800073		CITY OR TOWN	YARMOU'	ГН		
APPLICATION FO	R RENEWAL:	Annual	LICENSED FOR 2013				
		CLASS			YEAR		
LICENSEE NAME:							
DOING BUSINESS		EEL LIQUORS					
ADDRESS 01323B	RTE 28						
CITY/TOWN: YA	RMOUTH	STATE: MA	ZIP CODE:	02664			
MANAGER: CHI	U,KINNIE	TYPE OF LICENSE:	Package Store C.	ATEGORY:	All Alcohol		
EMAIL ADDRESS:							
	PLEASE ALSO VISIT O	OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS				
DESCRIPTION OF	LICENSED PRI	EMISES:					
THIS CONSISTS O LIQUOR STORE.	F TWO OF THE	REE RETAIL STORES	IN THE BUILDING	FOR THE US	SE BY		
I hereby certify and	swear under pena	alties of perjury that:					
1. the renew	ved license will b	e of the same type for t	he same premises now	licensed;			
2. the licens	see has complied	with all laws of the Cor	nmonwealth relating t	o taxes; and			
3. the premi	ises are now oper	n for business (If not ex	plain below)				
SIGNED BY:							
	Individual, Pa	rtner or Authorized Cor	porate Officer				
DATE:	TELEPI	HONE NUMBER:			ION NUMBER:		
			(Note: NOT Inc	lividual Social S	ecurity Number)		
Please Check Below:			LOCAL LICENS	SING AUTHO	ORITY		
APPROVED:			By:				
DISAPPROVED:			Ž				
(If disapproved expl	ain)						
DATE.							
DATE:							



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 151	800074		CI	ΓY OR TOWN	YARMOU'	TH
APPLICATION FOR RE	LICATION FOR RENEWAL: Annual LICENSED FOR 2013					013
		CLAS	S			YEAR
LICENSEE NAME: RA	YMOND E. LAUZ	ON				
DOING BUSINESS A B	ASS RIVER LIQU	OR STORE				
ADDRESS 931 RTE 28 &	& WILLOW ST					
CITY/TOWN: YARMO	UTH	STATE:	MA	ZIP CODE:	02664	
MANAGER:	TYPE (OF LICENS	E:Packag	e Store C	ATEGORY:	All Alcohol
EMAIL ADDRESS:						
PLEAS	E ALSO VISIT OUR WEBSIT	TE AND ENTER Y	OUR EMAIL	ADDRESS		
DESCRIPTION OF LICE	ENSED PREMISES	:				
TWO STORY BLDG; FII DELIVERY DOOR, SEC						
I hereby certify and swear	under penalties of	perjury that	:			
1. the renewed lic	cense will be of the	same type f	or the sam	e premises nov	licensed;	
2. the licensee ha	s complied with all	laws of the	Common	wealth relating	to taxes; and	
3. the premises ar	re now open for bus	iness (If no	explain b	pelow)		
SIGNED BY:						
Ind	lividual, Partner or	Authorized	Corporate	Officer		
DATE:	TELEPHONE N	IUMBER:				ΓΙΟΝ NUMBER:
				(Note: NOT In	dividual Social S	Security Number)
Please Check Below:			L	OCAL LICEN	SING AUTHO	ORITY
APPROVED: DISAPPROVED:			В	y:		
(If disapproved explain)			_			
(II disupproved explain)			_			
			-			
DATE:						



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 15	1800075	CITY OR TO	OWN I ARMOU) I II
APPLICATION FOR RE	NEWAL: Annu	ıal LI	CENSED FOR 2	013
	CLA	SS		YEAR
LICENSEE NAME: SII DOING BUSINESS A D	RRON INC DAGGETT'S LIQUOR STORI	3		
ADDRESS 1071ROUTE	_			
CITY/TOWN: YARMO	OUTH STATE:	MA ZIP COD	E: 02664	
MANAGER: Norris, Jo	seph TYPE OF LICEN	SE:Package Store	CATEGORY:	All Alcohol
EMAIL ADDRESS:				
PLEAS	SE ALSO VISIT OUR WEBSITE AND ENTE	R YOUR EMAIL ADDRESS		
DESCRIPTION OF LICE	ENSED PREMISES:			
BUILDING IS 9000 SQ RECEIVING ONLY	FT SELLING/STORAGE. FR	ONT ENTRANCE/EX	XIT. REAR ENTI	RANCE,
3. the premises a SIGNED BY:	ns complied with all laws of the re now open for business (If no dividual, Partner or Authorize	ot explain below)	ting to taxes; and	
DATE:	TELEPHONE NUMBER:		OYER IDENTIFICA' OT Individual Social S	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LIC	CENSING AUTH	ORITY
DATE:				



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUM	MBER: 151800076		CITY OR TOWN	YARMOUT	Н		
APPLICATION	N FOR RENEWAL:	Annual	Annual LICENSED FOR 2013				
		CLASS		Y	YEAR		
LICENSEE NA	AME: SEASCAPE SPIRIT	'S,LLC					
DOING BUSIN	NESS A						
ADDRESS 451	1 STATION AVENUE						
CITY/TOWN:	YARMOUTH	STATE: MA	ZIP CODE:	02664			
MANAGER:	MURPHY,RONALDTYPI P.	E OF LICENSE: Pac	kage Store CA	ATEGORY:	All Alcohol		
EMAIL ADDR	RESS:	_					
	PLEASE ALSO VISIT OUR WEE	SSITE AND ENTER YOUR EM	IAIL ADDRESS				
DESCRIPTION	N OF LICENSED PREMISI	ES:					
ONE STORY I STORAGE RO	BLDG.; FRONT DISPLAY, OOMS.	SALES ROOM, OF	FICE AREA, REAI	R AND SIDE			
	licensee has complied with a premises are now open for b Individual, Partner of	ousiness (If not expla	in below)	taxes; and			
	marviadai, i armer	n munorized corpo	rate Officer				
DATE:	TELEPHONE	NUMBER:	EMPLOYER (Note: NOT Indi	. IDENTIFICATIO			
Please Check Belo APPROVED:	ow:		LOCAL LICENS	ING AUTHO	RITY		
DISAPPROVED.	ED:		By:				
(If disapproved							
DATE:							



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 1	51800079		CITY OR TO	OWN	YARMOU'	ГН
APPLICATION FOR R	ENEWAL:	Annual CLASS	L	ICENS	SED FOR 20)13 YEAR
LICENSEE NAME: T DOING BUSINESS A ADDRESS 476 ROUTI	THE CAPE POINT	•				
CITY/TOWN: YARM	OUTH	STATE: MA	ZIP COD	E:	02673	
MANAGER: SWART	TZ, PAUL L. TYPE	OF LICENSE:	nnholder	CA	TEGORY:	All Alcohol
EMAIL ADDRESS: PLE DESCRIPTION OF LIG 116 UNIT HOTEL W/G STORAGE ROOMS, O Seasonal cabana bar and	CAFE, KITCHEN, I PFFICE, EXERCISE	S: NDOOR & OUT ROOM, GAME	TDOOR POOL,			
2. the licensee	ar under penalties of license will be of the has complied with al are now open for bu	e same type for t ll laws of the Co	mmonwealth rela			
SIGNED BY:	ndividual, Partner o	r Authorized Co	porate Officer			
DATE:	TELEPHONE	NUMBER:				TION NUMBER: ecurity Number)
We the undersigned, a Acts of 2004, signed b license and (2) the cer	y the building insp	ector and the h	ead of the fire d	epartn	nent for the	above named
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain))		LOCAL LIGHT	CENS	ING AUTHO	ORITY
DATE:						



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUME	BER: 151800084		CITY	OR TOWN	YARMOU	TH
APPLICATION I	FOR RENEWAL:	Annual		LICEN	SED FOR 20	013
		CLASS				YEAR
LICENSEE NAM	E: THIRWOOD	CLUB LTD.				
DOING BUSINE	SS A THIRWOOD	PLACE				
ADDRESS 237	NORTH MAIN ST					
CITY/TOWN: Y	ARMOUTH	STATE: MA	ZI	P CODE:	02664	
	OODWIN JR., DWARD L	TYPE OF LICENSE:C	lub	C.	ATEGORY:	All Alcohol
EMAIL ADDRES	SS:					
	PLEASE ALSO VISIT O	UR WEBSITE AND ENTER YOUR	EMAIL ADDI	RESS		_
	OF LICENSED PRE					
	TS OF 206 ROOMS AND PORCHES.	, ALL AREAS OF COM	AMUNIT	TY CENTER	R AND RESI	DENTIAL
I hereby certify ar	nd swear under pena	lties of perjury that:				
1. the ren	newed license will be	e of the same type for th	ie same p	remises now	licensed;	
2. the lice	ensee has complied	with all laws of the Con	nmonwea	lth relating t	to taxes; and	
3. the pre	emises are now open	n for business (If not exp	olain belo	w)		
SIGNED BY:						
	Individual, Par	rtner or Authorized Corp	orate Of	ficer		
DATE:	TELEPH	HONE NUMBER:	a			TION NUMBER:
			(1	Note: NOT Inc	dividual Social S	Security Number)
We the undersig	ned, attest that we	are in possession (1) t	he certifi	icate requir	ed by Chapt	er 304 of the
		g inspector and the he				
ncense and (2) ti	ne certificate of fiq	uor liability insurance	required	ı by Cnapte	er 116 of the	Acts of 2010.
Please Check Below:				CAL LICENS	SING AUTH	ORITY
APPROVED: DISAPPROVED:	<u></u>		By:			
(If disapproved ex						
,	r/					
DATE:						
APPLICATION FOR RE	NEWAL MUST BE FILED	BY LICENSEES DURING THE	MONTH OF	NOVEMBER (M	1.G.L. Ch. 138 \$ 1	6A)



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER:	151800085		CI	ΓY OR TOWN	YARMOU'	TH
APPLICATION FOR	RENEWAL:	Annu	ıal	LICEN	ISED FOR 20	013
		CLA	SS			YEAR
LICENSEE NAME: DOING BUSINESS A ADDRESS 918 MAIN	PETERSON'S MA	ARKET	ARMOUTI	HPORT, LLC		
CITY/TOWN: YARM		STATE:	MA	ZIP CODE:	02675	
						A11 A11-1
	I, BRIAN F. TYP	E OF LICEN	SE: Packag	e Store C	CATEGORY:	All Alconol
EMAIL ADDRESS:	EASE ALSO VISIT OUR WE		WOLD ENTE	A DDDDGG		
2. the licensee	F OF RETAIL SPA FRONT, ONE IN	ACE FOR GR REAR FOR I of perjury that the same type all laws of the	DELIVERI at: for the same Common	ES. ne premises now wealth relating	v licensed;	
SIGNED BY:	Individual, Partner	or Authorized	l Corporate	Officer		
DATE:	TELEPHON	E NUMBER:			R IDENTIFICAT dividual Social S	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain]))			OCAL LICEN sy:	SING AUTHO	ORITY
DATE:			-			



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	ER: 151800089		CITY OR TOWN	YARMOUT	H
APPLICATION FO	OR RENEWAL:	Annual	LICEN	NSED FOR 201	13
		CLASS		Y	YEAR
LICENSEE NAME	E: CALAMARI INC.				
DOING BUSINES	S A DI PARMA ITAL	IAN TABLE			
ADDRESS 175 RC	OUTE 28				
CITY/TOWN: YA	ARMOUTH	STATE: MA	ZIP CODE:	02673	
	RRO, TYP NJAMIN	E OF LICENSE:Re	staurant C	CATEGORY:	All Alcohol
EMAIL ADDRESS	S:				
	PLEASE ALSO VISIT OUR WEI	BSITE AND ENTER YOUR E	MAIL ADDRESS		
DESCRIPTION OF	F LICENSED PREMIS	ES:			
	H KITCHEN, 4 DININ S. FIVE ENTRANCES		ONE BAR AND SE	RVICE TO TH	E
•	l swear under penalties				
	wed license will be of the	• •	-		
	nsee has complied with		· ·	to taxes; and	
3. the pren	nises are now open for b	ousiness (If not expl	ain below)		
SIGNED BY:	Individual, Partner	or Authorized Corp	orate Officer		
DATE:	TELEPHONE	E NUMBER:		ER IDENTIFICATIOn dividual Social Sec	
Acts of 2004, sign	ned, attest that we are is ned by the building insp ne certificate of liquor li	pector and the hea	d of the fire depar	tment for the a	bove named
Please Check Below:			LOCAL LICEN	SING AUTHO	RITY
APPROVED:			By:		
DISAPPROVED:	(1.1.)				
(If disapproved exp	nam)				
DATE:			-		



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBE	R: 151800091		CITY OR TOWN	YARMOUT	ГН
APPLICATION FO	R RENEWAL:	Annual	LICEN	SED FOR 20	013
		CLASS			YEAR
LICENSEE NAME:	: YARMOUTH W	VINE & SPIRITS LLO	C		
DOING BUSINESS	S A YARMOUTH	WINE & SPIRITS			
ADDRESS 484H S	TATION AVENUE	Ξ			
CITY/TOWN: YA	RMOUTH	STATE: MA	ZIP CODE:	02664	
MANAGER: MANAGER: R.	NOLI, FRANK T	YPE OF LICENSE: P	ackage Store Ca	ATEGORY:	All Alcohol
EMAIL ADDRESS	:				
	PLEASE ALSO VISIT OUR	R WEBSITE AND ENTER YOUR	EMAIL ADDRESS		1
DESCRIPTION OF	LICENSED PREM	MISES:			
ENTRANCE, TWO	REAR EXITS/EN		SQ. FT.: ONE FROM 20 WALK IN COOLE ont office		
I hereby certify and	swear under penalt	ies of perjury that:			
1. the renev	wed license will be	of the same type for the	ne same premises now	licensed;	
2. the licens	see has complied w	ith all laws of the Cor	nmonwealth relating to	o taxes; and	
3. the prem	ises are now open f	For business (If not ex	olain below)		
SIGNED BY:					
	Individual, Partr	ner or Authorized Cor	porate Officer		
DATE:	TELEPHO	ONE NUMBER:		RIDENTIFICAT	
			(Note: NOT Ind	lividual Social Se	ecurity Number)
Please Check Below:			LOCAL LICENS	SING AUTHO)RITV
APPROVED:			By:	m 10 710 1110)KIT 1
DISAPPROVED:			,		
(If disapproved expl	lain)				
DATE:					
DAIL.					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMB	ER: 151800092		CITY OR TOWN	YARMOU	ГH
APPLICATION F	OR RENEWAL:	Annual	LICEN	SED FOR 20	013
		CLASS			YEAR
LICENSEE NAMI	E: PEGASUS FOO	D SERVICES, LLC			
DOING BUSINES	S A VILLAGE PIZ	ZA			
ADDRESS 715 RO	OUTE 6A				
CITY/TOWN: Y	ARMOUTH	STATE: MA	ZIP CODE:	02675	
	ONSTANTINE, T NGELOS	YPE OF LICENSE: Re	estaurant C.	ATEGORY:	All Alcohol
EMAIL ADDRES	S:				
	PLEASE ALSO VISIT OUR	WEBSITE AND ENTER YOUR	EMAIL ADDRESS		_
DESCRIPTION O	F LICENSED PREM	IISES:			
		LOUNGE, KITCHEN T, REAR EXIT, AND		ND BASEME	ENT FOR
SIGNED BY:	Individual, Partn	er or Authorized Corp	orate Officer		
DATE:	TELEPHO	ONE NUMBER:			TON NUMBER: ecurity Number)
Acts of 2004, sign	ned by the building i	re in possession (1) this pector and the header liability insurance	d of the fire depart	ment for the	above named
Please Check Below:	_		LOCAL LICENS	SING AUTHO	ORITY
APPROVED:			By:		
DISAPPROVED: (If disapproved exp	olain)				
(11 disappioved ex	piuiii)				
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 151800093	3	CITY OR TOWN	YARMOUT	ГН
APPLICATION FOR RENEWA	L: Annual	LICEN	SED FOR 20	13
	CLASS		,	YEAR
LICENSEE NAME: ALDA M.	WATANABE			
DOING BUSINESS A INAHO.	JAPANESE RESTAURANT			
ADDRESS 157 ROUTE 6A				
CITY/TOWN: YARMOUTH	STATE: MA	ZIP CODE:	02675	
MANAGER:	TYPE OF LICENSE: Res	taurant CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:				
DESCRIPTION OF LICENSED TWO STORY BLDG. FIRST FI BAR, MAIN ENTRY. SECOND I hereby certify and swear under 1. the renewed license w 2. the licensee has comp 3. the premises are now SIGNED BY:	OOR DINING ROOMS, KIT FLOOR REST ROOMS, TW	CHEN, STORAGE O STORAGE ROO same premises now nonwealth relating to in below)	oms.	RVICE
DATE: TEL	EPHONE NUMBER:	EMPLOYER (Note: <u>NOT</u> Ind	IDENTIFICAT	
We the undersigned, attest tha Acts of 2004, signed by the bui license and (2) the certificate o	lding inspector and the head	of the fire departr	nent for the	above named
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENS By:	ING AUTHO	ORITY
DATE:				



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 15	51800095		CITY	OR TOWN	YARMOU'	ГН
APPLICATION FOR RI	ENEWAL:	Annua CLAS		LICEN	SED FOR 20)13 YEAR
LICENSEE NAME: ZI DOING BUSINESS A I ADDRESS 1329 ROUT	DOYLE'S RESTA	AURANT				
CITY/TOWN: YARMO	OUTH	STATE:	MA ZI	IP CODE:	02673	
MANAGER: DAVILA	A, PEDRO TYP	E OF LICENS	E:Restauran	t C	ATEGORY:	All Alcohol
EMAIL ADDRESS: PLEA DESCRIPTION OF LIC	SE ALSO VISIT OUR WE		OUR EMAIL ADD	DRESS		
BUILDING BEING SIN DINING ROOMS, BAR OUTSIDE DECK SERV	LOUNGE AREA	A, KITCHEN V				
2. the licensee h	ir under penalties icense will be of t as complied with are now open for l	he same type for all laws of the	or the same p Commonwea	alth relating to		
SIGNED BY:	ndividual, Partner	or Authorized	Corporate O	fficer		
DATE:	TELEPHONI	E NUMBER:	(TION NUMBER: ecurity Number)
We the undersigned, a Acts of 2004, signed by license and (2) the cert	the building ins	pector and the	head of the	e fire departı	ment for the	above named
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)			LOC By:	CAL LICENS	SING AUTHO	ORITY
DATE:						



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 151800098		CITY OR TOWN	YARMOUTH
APPLICATION FOR	R RENEWAL:	Annual	LICEN	SED FOR 2013
		CLASS		YEAR
LICENSEE NAME: DOING BUSINESS ADDRESS 559 ROU	A YARMOUTH PIZ	ZA BY EVAN		
CITY/TOWN: YAI		STATE: MA	ZIP CODE:	02675
	NISTOU,PERIKLTYPE	E OF LICENSE:R	estaurant CA	ATEGORY: All Alcohol
EMAIL ADDRESS:				
	PLEASE ALSO VISIT OUR WEB		EMAIL ADDRESS	
ONE STORY WOO	LICENSED PREMISE D BUILDING, ONE D NTRANCES AND EX	DINING ROOM,	KITCHEN, STORAG	E ROOM, REST
2. the licens	yed license will be of the see has complied with a sees are now open for be Individual, Partner of	all laws of the Corusiness (If not exp	nmonwealth relating to	
	marviduai, Partiier c	or Aumorized Cor	oorate Officer	
DATE:	TELEPHONE	NUMBER:		R IDENTIFICATION NUMBER:
Acts of 2004, signe	d by the building insp	ector and the he	ad of the fire departi	ed by Chapter 304 of the ment for the above named r 116 of the Acts of 2010.
Please Check Below: APPROVED: DISAPPROVED: [(If disapproved explain	ain)		LOCAL LICENS By:	SING AUTHORITY
DATE:				



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	151800107		CITY (OR TOWN	YARMOU	ГН
APPLICATION FOR	RENEWAL:	Annua CLAS		LICEN	SED FOR 20)13 YEAR
LICENSEE NAME: DOING BUSINESS A ADDRESS 225 RTE	A BAYSIDE RESO	ALITY INC				
CITY/TOWN: YAR	MOUTH	STATE:	MA ZIP	CODE:	02673	
MANAGER: SROC	ZENSKI, RODTYF	PE OF LICENS	E:Innholder	CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:						
DESCRIPTION OF I 128 UNIT HOTEL W ROOM, HOSPITALI EXITS	TTH INDOOR AND	SES: O OUTDOOR I	POOLS, GAM	E ROOM, (
2. the license	d license will be of the has complied with the are now open for	the same type for all laws of the business (If not	or the same pr Commonweal explain below	th relating to		
	Individual, Partner	or Authorized	Corporate Off	ïcer		
DATE:	TELEPHON	E NUMBER:	(N			TON NUMBER: ecurity Number)
We the undersigned Acts of 2004, signed license and (2) the c	by the building ins	spector and the	head of the	fire departı	nent for the	above named
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain	 n)		LOCA By:	AL LICENS	ING AUTHO	ORITY
DATE:						



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NU	MBER: 151800110		CITY OR TOWN	YARMOUTH
APPLICATIO	N FOR RENEWAL:	Annual	LICEN	SED FOR 2013
		CLASS		YEAR
LICENSEE NA	AME: 99 WEST, INC			
DOING BUSI	NESS A 99 RESTAURA	NTS-PUB		
ADDRESS 14	BERRY AVE WEST			
CITY/TOWN:	YARMOUTH	STATE: MA	ZIP CODE:	02673
MANAGER:	WHAPLES, TY	YPE OF LICENSE: Re	staurant CA	ATEGORY: All Alcohol
EMAIL ADDF	RESS:			
		WEBSITE AND ENTER YOUR E	MAIL ADDRESS	
	N OF LICENSED PREM			
	ROOM, BAR/LOUNGE ESTIBULE/WAITING A			
			ain below)	
DATE:	TELEPHO	NE NUMBER:		L IDENTIFICATION NUMBER: ividual Social Security Number)
Acts of 2004,	signed by the building i	nspector and the head	d of the fire departr	ed by Chapter 304 of the ment for the above named r 116 of the Acts of 2010.
Please Check Belo	ow:		LOCAL LICENS	ING AUTHORITY
APPROVED: DISAPPROVE	ED: -		By:	
(If disapproved				
DATE:				



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 151800115	CITY	OR TOWN YARMOUTH	
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR 2013	
	CLASS	YE	EAR
LICENSEE NAME: WRIGHT OR WR	ONG, INC.		
DOING BUSINESS A STEFANIE'S RE	STAURANT		
ADDRESS 635 WEST YARMOUTH RE	D.		
CITY/TOWN: YARMOUTH	STATE: MA Z	IP CODE: 02675	
MANAGER: WRIGHT, TYPE STEFANIE E.	PE OF LICENSE: Restauran	category: A	ll Alcohol
EMAIL ADDRESS:			
PLEASE ALSO VISIT OUR W	EBSITE AND ENTER YOUR EMAIL AD	DRESS	
DESCRIPTION OF LICENSED PREMIS	SES:		
GOLF COURSE CLUB HOUSE FIRST I TWO RESTROOMS TWO RESTROOM special events only with prior approval of	IS TWO ENTRANCES AN		
I hereby certify and swear under penalties	s of perjury that:		
1. the renewed license will be of	• •	•	
2. the licensee has complied with		=	
3. the premises are now open for	business (If not explain be	ow)	
SIGNED BY: Individual, Partner	or Authorized Corporate C	officer	
	or Authorized Corporate C	officer	
Individual, Partner	or Authorized Corporate C	Officer EMPLOYER IDENTIFICATION (Note: NOT Individual Social Secur	
Individual, Partner	TE NUMBER: e in possession (1) the certispector and the head of the	EMPLOYER IDENTIFICATION (Note: NOT Individual Social Secur ficate required by Chapter 3 e fire department for the abo	304 of the ove named
Individual, Partner DATE: TELEPHON We the undersigned, attest that we are Acts of 2004, signed by the building inslicense and (2) the certificate of liquor Please Check Below:	TE NUMBER: In possession (1) the certispector and the head of the liability insurance require	EMPLOYER IDENTIFICATION (Note: NOT Individual Social Secur ficate required by Chapter 3 e fire department for the abo	304 of the ove named is of 2010.
Individual, Partner DATE: TELEPHON We the undersigned, attest that we are Acts of 2004, signed by the building inslicense and (2) the certificate of liquor Please Check Below: APPROVED:	TE NUMBER: In possession (1) the certispector and the head of the liability insurance require	EMPLOYER IDENTIFICATION (Note: NOT Individual Social Securificate required by Chapter 3 to the about the fire department for the about the second by Chapter 116 of the Actual Cal Licensing Authority	304 of the ove named is of 2010.
Individual, Partner DATE: TELEPHON We the undersigned, attest that we are Acts of 2004, signed by the building inslicense and (2) the certificate of liquor Please Check Below: APPROVED: DISAPPROVED:	TE NUMBER: in possession (1) the certispector and the head of the liability insurance required to the	EMPLOYER IDENTIFICATION (Note: NOT Individual Social Securificate required by Chapter 3 to the about the fire department for the about the second by Chapter 116 of the Actual Cal Licensing Authority	304 of the ove named is of 2010.
Individual, Partner DATE: TELEPHON We the undersigned, attest that we are Acts of 2004, signed by the building inslicense and (2) the certificate of liquor Please Check Below: APPROVED:	TE NUMBER: in possession (1) the certispector and the head of the liability insurance required to the	EMPLOYER IDENTIFICATION (Note: NOT Individual Social Securificate required by Chapter 3 to the about the fire department for the about the second by Chapter 116 of the Actual Cal Licensing Authority	304 of the ove named is of 2010.
Individual, Partner DATE: TELEPHON We the undersigned, attest that we are Acts of 2004, signed by the building inslicense and (2) the certificate of liquor Please Check Below: APPROVED: DISAPPROVED:	TE NUMBER: in possession (1) the certispector and the head of the liability insurance required to the	EMPLOYER IDENTIFICATION (Note: NOT Individual Social Securificate required by Chapter 3 to the about the fire department for the about the second by Chapter 116 of the Actual Cal Licensing Authority	304 of the ove named is of 2010.



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	: 151800117		CITYORI	OWN TARM	OUTH
APPLICATION FOR	RENEWAL:	Annual	I	LICENSED FOR	R 2013
		CLASS			YEAR
LICENSEE NAME:	SOUTHSIDE TAV	ERN, LLC.			
DOING BUSINESS A	A ARDEO				
ADDRESS 00023U V	WHITE'S PATH				
CITY/TOWN: YAR	MOUTH	STATE: MA	ZIP CO	DE: 02675	
MANAGER: JAMI	EL, JOSEPH A.TYI	PE OF LICENSE: Res	staurant	CATEGOR	Y: All Alcohol
EMAIL ADDRESS:					
F	LEASE ALSO VISIT OUR W	EBSITE AND ENTER YOUR EM	MAIL ADDRESS		
DESCRIPTION OF I	LICENSED PREMIS	SES:			
BUILDING IS 5000 S EXIT.	SQFT DINING ROO	OM, BAR, LOUNGE	E, FRONT EN	TRANCE/EXIT	ΓREAR
I hereby certify and sv	wear under penalties	of perjury that:			
1. the renewe	ed license will be of	the same type for the	same premise	es now licensed;	
2. the license	e has complied with	all laws of the Comr	nonwealth rel	ating to taxes; a	nd
3. the premis	es are now open for	business (If not expla	ain below)		
SIGNED BY:					
	Individual, Partner	or Authorized Corpo	orate Officer		
DATE:	TELEPHON	E NUMBER:			CATION NUMBER:
			(Note: <u>N</u>	IOT Individual Soc	ial Security Number)
We the undersigned	. attest that we are	in possession (1) the	e certificate :	required by Ch	apter 304 of the
Acts of 2004, signed	by the building in	spector and the head	d of the fire d	lepartment for	the above named
license and (2) the c	ertificate of liquor	liability insurance r	equired by C	Chapter 116 of t	the Acts of 2010.
Please Check Below:			LOCAL L	ICENSING AU	THORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved explain	ın)				
DATE			-		<u> </u>
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 151800119		CITY OR TOWN	YARMOUTH
APPLICATION FOR RENEWAL:	Annual CLASS	LICENSI	ED FOR 2013 YEAR
LICENSEE NAME: CAPE COD S DOING BUSINESS A CAPE COD ADDRESS 228 ROUTE 28	•		
CITY/TOWN: YARMOUTH	STATE: MA	ZIP CODE:	02673
MANAGER: LI, GUANG B.	TYPE OF LICENSE:Res	taurant CA	ΓEGORY: All Alcohol
EMAIL ADDRESS: PLEASE ALSO VISIT DESCRIPTION OF LICENSED PR BUILDING CONSITS OF 9500 SQ SEPARATE DINING AREAS, KIT IN COOLERS, ONE WALK IN FR	OFT WOOD FRAME, CEN CCHEN, STORAGE AREA	TRAL BUFFET ARI	
I hereby certify and swear under per 1. the renewed license will 2. the licensee has complied 3. the premises are now open SIGNED BY: Individual P	be of the same type for the d with all laws of the Comm	nonwealth relating to in below)	
DATE: TELEF	PHONE NUMBER:	EMPLOYER I (Note: NOT Indiv	DENTIFICATION NUMBER: ridual Social Security Number)
We the undersigned, attest that w Acts of 2004, signed by the buildi license and (2) the certificate of li	ng inspector and the head	of the fire departme	ent for the above named
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENSIN	NG AUTHORITY
DATE:			



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 151800120		CITY OR TOWN YARMOU	TH
APPLICATION FOR RENEWAL	: Annual	LICENSED FOR 2	013
	CLASS		YEAR
LICENSEE NAME: RYAN FAM	MILY AMUSEMENTS INC		
DOING BUSINESS A RYAN FA	MILY AMUSEMENTS		
ADDRESS 1067 ROUTE 28			
CITY/TOWN: YARMOUTH	STATE: MA	ZIP CODE: 02664	
MANAGER: CAMPBELL, PETER	TYPE OF LICENSE: Rest	taurant CATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:			
PLEASE ALSO VISI	T OUR WEBSITE AND ENTER YOUR EM	AIL ADDRESS	
DESCRIPTION OF LICENSED P			_
BOWLING ALLEY, SMALL ARI RENTED FOR PRIVATE FUNCT			3
3. the premises are now of SIGNED BY:	ed with all laws of the Comm pen for business (If not explain Partner or Authorized Corpor		
DATE: TELE	EPHONE NUMBER:	EMPLOYER IDENTIFICA (Note: NOT Individual Social	
We the undersigned, attest that Acts of 2004, signed by the build license and (2) the certificate of	ling inspector and the head	of the fire department for the	above named
Please Check Below:		LOCAL LICENSING AUTH	ORITY
APPROVED:		By:	
DISAPPROVED: (If disapproved explain)			
(11 disapproved explain)			
DATE:			



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMB	ER: 151800126		CITY OR TOWN	YARMOU	TH
APPLICATION F	OR RENEWAL:	Annual	LICE	NSED FOR 20	013
		CLASS			YEAR
	E: GERARDI'S CAF SS A GERARDI'S CA				
ADDRESS 902 R	OUTE 28				
CITY/TOWN: Y	ARMOUTH	STATE: MA	ZIP CODE:	02664	
MANAGER: D	IEGO,GERARDI TY	PE OF LICENSE:	Restaurant	CATEGORY:	All Alcohol
EMAIL ADDRES	S:				
KITCHEN, REST	PLEASE ALSO VISIT OUR WOF LICENSED PREMI AURANT AREA, TA T. EMERGENCY EX	SES: KEOUT, SERVICE	AREA. ONE CUST	ГОМЕК	_
 the rene the lice 	d swear under penaltie ewed license will be of nsee has complied with mises are now open for	the same type for the all laws of the Cor	nmonwealth relating		
SIGNED BY:	Individual, Partne	r or Authorized Cor	porate Officer		
DATE:	TELEPHON	NE NUMBER:		ER IDENTIFICAT	
Acts of 2004, sign	ned, attest that we are ned by the building in ne certificate of liquor	spector and the he	ad of the fire depar	rtment for the	above named
Please Check Below: APPROVED: DISAPPROVED: (If disapproved ex	plain)		LOCAL LICEN By:	ISING AUTH	ORITY
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 151800128		CITY OR TO	WN I ARMOU	IП
APPLICATION FO	R RENEWAL:	Annual	LI	CENSED FOR 2	013
		CLASS			YEAR
LICENSEE NAME:	JAMES A. LIADIS	INC.			
DOING BUSINESS	A BLACK SHEEP E	BAR AND RESTA	URANT		
ADDRESS 720 MA	IN STREET				
CITY/TOWN: YA	RMOUTH	STATE: MA	ZIP CODI	E: 02675	
	THERBEE TYP ARLES B.	E OF LICENSE: R	lestaurant	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
	PLEASE ALSO VISIT OUR WE	BSITE AND ENTER YOUR	EMAIL ADDRESS		_
DESCRIPTION OF	LICENSED PREMIS	ES:			
 the renew the licens 	swear under penalties wed license will be of t see has complied with ises are now open for l	he same type for the all laws of the Cor	nmonwealth relat		
SIGNED BY:	Individual, Partner	or Authorized Cor	porate Officer		
DATE:	TELEPHONI	E NUMBER:		OYER IDENTIFICA $^{\prime}$ Individual Social S	
Acts of 2004, signe	d, attest that we are d by the building ins certificate of liquor l	pector and the he	ad of the fire de	partment for the	above named
Please Check Below:			LOCAL LIC	ENSING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED: (If disapproved expl	ain)				
(II disupproved expir	·····/				
DATE:					_



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NU	MBER: 151800130		CITY OR TOWN TAI	RMOUTH
APPLICATIO	N FOR RENEWAL:	Annual	LICENSED I	FOR 2013
		CLASS		YEAR
LICENSEE N	AME: LA PLAYA,	INC.		
DOING BUSI	NESS A ACAPULO CANTINA	O'S MEXICAN FAMILY	Y RESTAURANT AND	
ADDRESS 41	6 MAIN STREET			
CITY/TOWN:	: YARMOUTH	STATE: MA	ZIP CODE: 026	773
MANAGER:	MENDIOLA, KATHERINE E.	TYPE OF LICENSE: R	Restaurant CATEG	ORY: All Alcohol
EMAIL ADDI	RESS:			
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS	
DESCRIPTIO	N OF LICENSED P	REMISES:		
			d exits on the side of the bui reas and bar with restrooms	
I hereby certify	y and swear under pe	nalties of perjury that:		
1. the	renewed license will	be of the same type for the	ne same premises now licens	sed;
2. the	licensee has complie	d with all laws of the Cor	nmonwealth relating to taxe	s; and
3. the	premises are now op	en for business (If not exp	plain below)	
SIGNED BY:				
	Individual, F	Partner or Authorized Cor	porate Officer	
DATE:	TELE	DHONE NILIMDED.	EMPLOYER IDEN	TIFICATION NUMBER:
	I ELE	PHONE NUMBER:		Social Security Number)
We the under	rsigned, attest that v	we are in possession (1) t	the certificate required by	Chapter 304 of the
Acts of 2004,	signed by the build	ing inspector and the he	ad of the fire department to required by Chapter 116	for the above named
Please Check Bel			LOCAL LICENSING	AUTHORITY
APPROVED:			By:	
DISAPPROVI				
(If disapprove	u expiaiii)			
DATE:				



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: I	51800131		CITY OR TOWN	N I ARMOU	IП
APPLICATION FOR R	ENEWAL:	Annual	LICE	NSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME: S DOING BUSINESS A	SAME	APE COD,INC.			
ADDRESS 633 RTE 2					
CITY/TOWN: YARM	OUTH	STATE: MA	ZIP CODE:	02664	
MANAGER: SHEA, 1	MICHAEL F.TYP	E OF LICENSE: Clu	b	CATEGORY:	All Alcohol
EMAIL ADDRESS:	_				
PLE	ASE ALSO VISIT OUR WEI	BSITE AND ENTER YOUR EM	IAIL ADDRESS		_
DESCRIPTION OF LIC	CENSED PREMIS	ES:			
first floor and basement 160, kitchen and front a			proximately 4567	' sq ft with seat	ing for
I hereby certify and swe	ar under penalties	of perjury that:			
1. the renewed	license will be of the	he same type for the	same premises no	w licensed;	
2. the licensee l	has complied with	all laws of the Comn	nonwealth relating	g to taxes; and	
3. the premises	are now open for b	ousiness (If not expla	in below)		
SIGNED BY:					
I	ndividual, Partner	or Authorized Corpo	rate Officer		
DATE:	TELEPHONE	E NUMBER:	EMPLOY	ER IDENTIFICAT	TION NUMBER:
	TEEL HOLL		(Note: NOT)	Individual Social S	ecurity Number)
We the undersigned, a Acts of 2004, signed by license and (2) the cert	y the building insp	pector and the head	of the fire depar	rtment for the	above named
Please Check Below:			LOCAL LICEN	NSING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved explain)	1				
DATE:			-		



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMB	ER: 151800132		CITY OR TOWN	YARMOU'	ГН
APPLICATION F	OR RENEWAL:	Annual	LICEN	SED FOR 20)13
		CLASS			YEAR
LICENSEE NAM	E: OPTIMIST CAFÉ I	NC.			
DOING BUSINES	SS A				
ADDRESS 134 M	IAIN STREET RTE. 6A	<u>.</u>			
CITY/TOWN: Y	ARMOUTH	STATE: MA	ZIP CODE:	02675	
MANAGER: CO	OTELLESSA, TYPI SEPH	E OF LICENSE:Re	staurant CA	ATEGORY:	Wine and Malt Regular
EMAIL ADDRES	S:				
	PLEASE ALSO VISIT OUR WEI	BSITE AND ENTER YOUR E	MAIL ADDRESS		_
DESCRIPTION C	F LICENSED PREMIS	ES:			
	LAR FOR STORAGE. 15 ESTROOMS. 2ND FL -				
I hereby certify an	d swear under penalties	of perjury that:			
1. the ren	ewed license will be of the	he same type for the	same premises now	licensed;	
2. the lice	nsee has complied with a	all laws of the Com	monwealth relating to	taxes; and	
3. the pres	mises are now open for b	business (If not expl	ain below)		
SIGNED BY:	Individual Doutnon	on Authorized Com	amata Offican		
	Individual, Partner	or Aumorized Corp	orate Officer		
DATE:	TELEPHONE	F NI IMRER:	EMPLOYER	R IDENTIFICAT	TON NUMBER:
	TEELITION	2 IVOIVIDER.	(Note: NOT Ind	ividual Social S	ecurity Number)
Acts of 2004, sign	ned, attest that we are in ned by the building insp ne certificate of liquor li	pector and the hea	d of the fire departi	nent for the	above named
Please Check Below:			LOCAL LICENS	ING AUTHO	ORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved ex	piain)		-		
			-		
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER:	151800134		CITY OR TOWN	IAKMOU	IП
APPLICATION FOR	RENEWAL:	Annual	LICEN	SED FOR 20	013
		CLASS			YEAR
LICENSEE NAME: DOING BUSINESS A ADDRESS 183 MAIN	4 BROS. BISTR	0			
CITY/TOWN: YARI		STATE: MA	ZIP CODE:	02664	
MANAGER: COLL				CATEGORY:	All Alcohol
EMAIL ADDRESS:	LEASE ALSO VISIT OUR W	/EBSITE AND ENTER YOUR EN]
229 UNIT RESORT/F ROOMS, KITCHEN.	RESTAURANT,SF	PORTS FACILITY W	ITH SNAC BAR, I	LOUNGE, ME	EETING
2. the licensee	has complied with	the same type for the all laws of the Comm business (If not expla	nonwealth relating		
SIGNED BY:	Individual, Partne	r or Authorized Corpo	orate Officer		
DATE:	TELEPHON	NE NUMBER:		R IDENTIFICAT	
We the undersigned, Acts of 2004, signed license and (2) the co	by the building in	spector and the head	l of the fire depart	tment for the	above named
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain	n)		LOCAL LICEN By:	SING AUTHO	ORITY
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER:	151800135		CIT	Y OR TOW	N Y	'ARMOU'	ГН
APPLICATION FOR	RENEWAL:	Annua	ત્રી	LICE	ENSE	D FOR 20)13
		CLAS	S				YEAR
LICENSEE NAME:	CONKEE CORP.						
DOING BUSINESS A	A KC'S						
ADDRESS 822 ROU	ΓΕ ROUTE,						
CITY/TOWN: YAR	MOUTH	STATE:	MA	ZIP CODE:	(02664	
MANAGER: HYNE	ES,JOHN J.JR. TYPE	OF LICENS	E:Innhold	er	CAT	EGORY:	All Alcohol
EMAIL ADDRESS:							
P	LEASE ALSO VISIT OUR WEBSI	TE AND ENTER	YOUR EMAIL A	ADDRESS			_
DESCRIPTION OF L	ICENSED PREMISES	S:					
	MOTEL W/LOUNGE,						DOOR
	AND PATIOS ,FIVE						LAND.
	OBBY,FULL KITCH ON THE NORTHER				SIF	EGRESS A	AND
	wear under penalties of						
	d license will be of the			e premises no	ow lic	ensed;	
	e has complied with all	• •		-			
3. the premise	es are now open for bu	siness (If no	t explain b	elow)			
SIGNED BY:							
	Individual, Partner or	Authorized	Corporate	Officer			
DATE:	TEL EDITORE	WW (DED		EMDLOX	ZED IF	NENITIEIC AT	ION NUMBER:
DITE.	TELEPHONE 1	NUMBER:					ecurity Number)
							,
_	, attest that we are in	_		_		-	
	by the building inspe ertificate of liquor lia						
Please Check Below:			L	OCAL LICE	NSIN	G AUTHO	ORITY
APPROVED:			В	y:			
DISAPPROVED:							
(If disapproved explai	n)		_				
			_				
DATE:			_				



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 151800139	CITY OR TOWN YARMOUTH
APPLICATION FOR RENEWAL: Annu	al LICENSED FOR 2013
CLAS	SS YEAR
LICENSEE NAME: F.E.D. HOTEL PROPERTIES LI	LC
DOING BUSINESS A HAMPTON INN & SUITES CA	APE COD
ADDRESS 99 ROUTE 28	
CITY/TOWN: YARMOUTH STATE:	MA ZIP CODE: 02664
MANAGER: DARLING, DAVID TYPE OF LICENS	SE:Innholder CATEGORY: All Alcohol
EMAIL ADDRESS:	
PLEASE ALSO VISIT OUR WEBSITE AND ENTER	YOUR EMAIL ADDRESS
DESCRIPTION OF LICENSED PREMISES:	
136 UNIT HAMPTON INN & SUITES W/ MEETING INMEETING ROOM, 4 EXITS IN MAIN BUILDING, HOTEL GUESTS ONLY IN DINING/BREAKFAST R AREASNO TAVERN	AMPLE PARKINGALCOHOL SERVICE TO
I hereby certify and swear under penalties of perjury tha	t:
1. the renewed license will be of the same type	for the same premises now licensed;
2. the licensee has complied with all laws of the	Commonwealth relating to taxes; and
3. the premises are now open for business (If no	ot explain below)
3. the premises are now open for business (If no SIGNED BY: Individual, Partner or Authorized	
SIGNED BY:	
SIGNED BY:	
SIGNED BY: Individual, Partner or Authorized	EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number) (1) the certificate required by Chapter 304 of the me head of the fire department for the above named
SIGNED BY: Individual, Partner or Authorized DATE: TELEPHONE NUMBER: We the undersigned, attest that we are in possession Acts of 2004, signed by the building inspector and th license and (2) the certificate of liquor liability insur	EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number) (1) the certificate required by Chapter 304 of the me head of the fire department for the above named
SIGNED BY: Individual, Partner or Authorized DATE: TELEPHONE NUMBER: We the undersigned, attest that we are in possession Acts of 2004, signed by the building inspector and the license and (2) the certificate of liquor liability insures the property of the property	EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number) (1) the certificate required by Chapter 304 of the me head of the fire department for the above named ance required by Chapter 116 of the Acts of 2010.
SIGNED BY: Individual, Partner or Authorized DATE: TELEPHONE NUMBER: We the undersigned, attest that we are in possession Acts of 2004, signed by the building inspector and th license and (2) the certificate of liquor liability insur Please Check Below: APPROVED: DISAPPROVED:	EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number) (1) the certificate required by Chapter 304 of the me head of the fire department for the above named ance required by Chapter 116 of the Acts of 2010. LOCAL LICENSING AUTHORITY
SIGNED BY: Individual, Partner or Authorized DATE: TELEPHONE NUMBER: We the undersigned, attest that we are in possession Acts of 2004, signed by the building inspector and the license and (2) the certificate of liquor liability insures the property of the property	EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number) (1) the certificate required by Chapter 304 of the me head of the fire department for the above named ance required by Chapter 116 of the Acts of 2010. LOCAL LICENSING AUTHORITY
SIGNED BY: Individual, Partner or Authorized DATE: TELEPHONE NUMBER: We the undersigned, attest that we are in possession Acts of 2004, signed by the building inspector and th license and (2) the certificate of liquor liability insur Please Check Below: APPROVED: DISAPPROVED:	EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number) (1) the certificate required by Chapter 304 of the me head of the fire department for the above named ance required by Chapter 116 of the Acts of 2010. LOCAL LICENSING AUTHORITY



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBEI	K: 151800140		CITY OR TOW.	N I ARMOU	IП
APPLICATION FO	R RENEWAL:	Annual	LICE	ENSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME:	43 RTE 6A,INC				
DOING BUSINESS	A LYRIC				
ADDRESS 43 ROU	TE 6A				
CITY/TOWN: YA	RMOUTH	STATE: MA	ZIP CODE:	02664	
MANAGER: O'CO	ONNOR,ANN TY	PE OF LICENSE: Res	taurant	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
	PLEASE ALSO VISIT OUR V	WEBSITE AND ENTER YOUR EM	IAIL ADDRESS		
DESCRIPTION OF	LICENSED PREM	ISES:			
		OOMS,BAR,KITCHEN),OFFICE AND STOR		* · · · · · · · · · · · · · · · · · · ·	OOM
I hereby certify and	swear under penaltie	es of perjury that:			
1. the renew	ved license will be o	f the same type for the	same premises no	w licensed;	
2. the licens	see has complied wit	th all laws of the Comm	nonwealth relating	g to taxes; and	
3. the premi	ises are now open fo	or business (If not expla	in below)		
SIGNED BY:					
	Individual, Partne	er or Authorized Corpo	rate Officer		
DATE:	TELEPHO!	NE NUMBER:	EMPLOY	ER IDENTIFICAT	TION NUMBER:
			(Note: NOT	Individual Social S	ecurity Number)
We the undersione	d attest that we ar	e in possession (1) the	e certificate requ	ired by Chant	er 304 of the
Acts of 2004, signe	d by the building in	nspector and the head	of the fire depa	rtment for the	above named
license and (2) the	certificate of liquo	r liability insurance re	equired by Chap	ter 116 of the	Acts of 2010.
Please Check Below:			LOCAL LICE	NSING AUTHO	ORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved expl	ain)		-		
DATE					
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 151800143		CITY OR TOWN YARMOU	JTH
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR 2	2013
	CLASS		YEAR
LICENSEE NAME: TOWN OF YARM	OUTH		
DOING BUSINESS A THE GRILLE AT	BASS RIVER		
ADDRESS 62 HIGHBANK ROAD			
CITY/TOWN: YARMOUTH	STATE: MA	ZIP CODE: 02664	
MANAGER: HEWINS, RONALD TYPE	'E OF LICENSE: Rest	aurant CATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:			
PLEASE ALSO VISIT OUR WE	EBSITE AND ENTER YOUR EMA	AIL ADDRESS	
DESCRIPTION OF LICENSED PREMIS	SES:		
PREMISE IS THE BASS RIVER GOLF INCLUDE THE RESTAURANT LOCAT DESCRIBED ON THE ATTACHMENT 2010ALCOHOLIC BEVERAGES TO CARTSALCOHOLIC BEVERAGES VICLUBHOUSE	TED IN THE CLUBH MARKED EXHIBIT BE SOLD FROM UP	OUSE AND THE GOLF COU #1 HERETO DATED FEB 19 TO TWO BEVERAGE	TRSE AS
I hereby certify and swear under penalties	of perjury that:		
1. the renewed license will be of	the same type for the s	ame premises now licensed;	
2. the licensee has complied with	all laws of the Commo	onwealth relating to taxes; and	
3. the premises are now open for	business (If not explai	n below)	
SIGNED BY: Individual, Partner	or Authorized Corpor	ate Officer	
DATE: TELEPHON			
TELEPHON	E NUMBER:	EMPLOYER IDENTIFICA (Note: NOT Individual Social	
We the undersigned, attest that we are Acts of 2004, signed by the building ins license and (2) the certificate of liquor	spector and the head	certificate required by Chap of the fire department for the	ter 304 of the e above named
Please Check Below:		LOCAL LICENSING AUTH	IORITY
APPROVED:		By:	
DISAPPROVED:		•	
(If disapproved explain)		-	
DATE:			



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 151	800145		CIT	Y OR TOW	'N YARMOU	JTH
APPLICATION FOR REM	NEWAL:	Annual		LIC	ENSED FOR 2	2013
		CLASS	S			YEAR
LICENSEE NAME: REI	O ROSE INN & TA	AVERN, LL	C			
DOING BUSINESS A RI	ED ROSE INN & T	CAVERN				
ADDRESS 6 NEW HAM	PSHIRE AVE WE	ST				
CITY/TOWN: YARMO	UTH	STATE:	MA	ZIP CODE:	02664	
MANAGER: GALLIGA ROBERT	· ·	OF LICENS	E:Innholde	er	CATEGORY:	All Alcohol
EMAIL ADDRESS:						
PLEASI	E ALSO VISIT OUR WEBSIT	TE AND ENTER Y	OUR EMAIL A	DDRESS		
DESCRIPTION OF LICE						
TWO STORY WOOD FR FLOOR. TWO ENTRANGE					ND BAR ON F	TRST
3. the premises ar SIGNED BY:	s complied with all e now open for bus	iness (If not	explain be	elow)	g to taxes; and	
DATE:	TELEPHONE N	IUMBER:				
Acts of 2004, signed by t	he building inspec	tor and the	head of t	he fire depa	artment for the	e above named
Please Check Below:			LO	OCAL LICE	NSING AUTH	IORITY
APPROVED:			By	y:		
DISAPPROVED: (If disapproved explain)			MA ZIP CODE: 02664 E:Innholder CATEGORY: All Alcohol COUR EMAIL ADDRESS O DINING AREAS AND BAR ON FIRST IN BACK : or the same premises now licensed; Commonwealth relating to taxes; and t explain below)			
(11 disappioved expiaili)						
			_			
DATE:			_			



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER:	151800147		CITY OR TOWN	YARMOU	ľH
APPLICATION FOR	RENEWAL:	Annual	LICENS	SED FOR 20	13
		CLASS			YEAR
LICENSEE NAME: DOING BUSINESS A ADDRESS 645 MAIN		AURANT			
		STATE. MA	ZID CODE.	02664	
CITY/TOWN: YAR		STATE: MA	ZIP CODE:	02664	
MANAGER: ROBE O.	ERTS ,ORNEL TYPE (OF LICENSE:Re	staurant CA	TEGORY:	All Alcohol
EMAIL ADDRESS:					
P	LEASE ALSO VISIT OUR WEBSI	TE AND ENTER YOUR E	MAIL ADDRESS		
DESCRIPTION OF L	ICENSED PREMISES	5 :			
	. WITH TWO DINING R.MAIN ENTRANCE/ TE SIDE OF BLDG.				
I hereby certify and sw	vear under penalties of	perjury that:			
1. the renewe	d license will be of the	same type for the	same premises now l	licensed;	
2. the licensee	e has complied with all	laws of the Com	nonwealth relating to	taxes; and	
3. the premise	es are now open for bus	siness (If not expl	ain below)		
SIGNED BY:					
SIGNED B1:	Individual, Partner or	Authorized Corpo	orate Officer		
DATE:	TELEPHONE 1	NUMBER:	EMPLOYER (Note: <u>NOT</u> Indi		ION NUMBER:
Acts of 2004, signed	, attest that we are in by the building inspe ertificate of liquor lial	ctor and the head	l of the fire departn	nent for the	above named
Please Check Below:			LOCAL LICENSI	NG AUTHO	ORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved explai	n)				
			-		
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUM	BER: 151800148		CITY OR T	OWN YARMO	JUTH
APPLICATION	FOR RENEWAL:	Annual	Ι	LICENSED FOR	2 2013
		CLASS			YEAR
LICENSEE NAM	ME: HEMEON AE	BOTT MANAGEMEN	T CORPORAT	CION	
DOING BUSINE	ESS A CLARION I	NN			
ADDRESS 1199	ROUTE 28				
CITY/TOWN:	YARMOUTH	STATE: MA	ZIP COI	DE: 02664	
MANAGER: B	BUCKLEY, TEPHAN	TYPE OF LICENSE:In	nholder	CATEGOR	Y: All Alcohol
EMAIL ADDRE	SS:				
	PLEASE ALSO VISIT O	OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS		
DESCRIPTION	OF LICENSED PR	EMISES:			
BAR, INDOOR A SEASONAL SNA	AND OUTDOOR P ACK/GRILL AREA	OUND INN WHICH IN OOLS, GAZEBO WITH A, MEETING ROOMS, S OM (ARCADE) AND L	I SEASONAL STORAGE RO	ABR, OUTDOO OM(S), OFFICE	OR
I hereby certify a	nd swear under pena	alties of perjury that:			
1. the re	newed license will b	e of the same type for the	e same premise	es now licensed;	
	•	with all laws of the Com		ating to taxes; ar	nd
3. the pr	emises are now oper	n for business (If not exp	olain below)		
SIGNED BY:	Individual, Pa	rtner or Authorized Corp	oorate Officer		
DATE:	TELEP	HONE NUMBER:			CATION NUMBER:
Acts of 2004, sig	gned by the buildin	e are in possession (1) the g inspector and the hea quor liability insurance	ad of the fire d	lepartment for t	the above named
Please Check Below:	<u>:</u>		LOCAL L	ICENSING AUT	ΓHORITY
APPROVED:			By:		
DISAPPROVED (If disapproved e					
(11 disappioved e	Apiani)				
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 151800150		CIT	Y OR TOWN	YARMOU	ГН
APPLICATION FOR	R RENEWAL:	Annua	ıl	LICEN	ISED FOR 20	013
		CLAS	S			YEAR
	JAMIEL HOSPITAL A ARDEO AT KING		ANY LLC			
		CTATE.	MA	ZID CODE.	02664	
CITY/TOWN: YAF		STATE:		ZIP CODE:	02664	
EMAIL ADDRESS: DESCRIPTION OF RESTAURANT WITH	IEL, JOSPEH A.TYPI PLEASE ALSO VISIT OUR WEE LICENSED PREMISI TH FRONT ENTRAN //ITH TWO EXITS. JI	ES: [CE, BACK E	YOUR EMAIL A			with
	NE WALL ENCLOSU				VO EZITIS. S	TONE
2. the license	red license will be of the ee has complied with a ses are now open for but Individual, Partner of	all laws of the business (If no	Commonw t explain be	vealth relating elow)		
DATE: We the undersigned	TELEPHONE d, attest that we are i		(1) the cer	(Note: NOT In	R IDENTIFICAT dividual Social	ecurity Number)
, 0	d by the building insp certificate of liquor li			_		
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain	nin)		L0 B <u>:</u> —	OCAL LICEN	SING AUTHO	ORITY
DATE:			_			



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	C: 151800151		CITY OR TO	JWN TARMOU	111	
APPLICATION FOR	R RENEWAL:	Annual	L	ICENSED FOR 2	013	
		CLASS			YEAR	
LICENSEE NAME:	FOUR SEASON	S TRATTORIA, INC.				
DOING BUSINESS	A					
ADDRESS 1077 RC	UTE 28					
CITY/TOWN: YAI	RMOUTH	STATE: MA	ZIP COI	DE: 02664		
MANAGER: FER	NANDEZ, LUIST	YPE OF LICENSE:Re	estaurant	CATEGORY:	All Alcohol	
EMAIL ADDRESS:						
	PLEASE ALSO VISIT OUR	WEBSITE AND ENTER YOUR I	EMAIL ADDRESS		_	
DESCRIPTION OF	LICENSED PREM	IISES:				
		JILDING WITH A DI LANCE AND EXIT, E				
I hereby certify and s	wear under penalti	es of perjury that:				
1. the renew	ed license will be	of the same type for the	e same premise	s now licensed;		
2. the licens	ee has complied wi	ith all laws of the Com	monwealth rela	ating to taxes; and		
3. the premi	ses are now open for	or business (If not exp	lain below)			
SIGNED BY:	Individual, Partn	ner or Authorized Corp	oorate Officer			
DATE:	TELEPHO	ONE NUMBER:	EMP	LOYER IDENTIFICA	TION NUMBER:	
			(Note: <u>N</u>	(Note: NOT Individual Social Security Number)		
Acts of 2004, signed	d by the building i	re in possession (1) the inspector and the heater insurance or liability insurance	d of the fire d	epartment for the	above named	
Please Check Below:			LOCAL LI	CENSING AUTH	ORITY	
APPROVED:			By:			
DISAPPROVED: [(If disapproved explain	nin)					
(11 disappioved expla	<i>)</i>					
			-			
DATE:						
APPLICATION FOR RENEV	VAL MUST BE FILED BY	Y LICENSEES DURING THE N	MONTH OF NOVEM	IBER (M.G.L. Ch. 138 \$ 1	6A)	